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# 1. Introduction and commentary

This report provides a review of the UK nursing labour market, looking at recent data and trends for nursing staff working in the health sector across the UK, drawing out differences and similarities across the four UK countries. The review uses national data sets to estimate the size, shape and composition of the nursing workforce. The review covers:

- the size and composition of the nursing workforce in the UK
- the distribution of the nursing workforce across the four UK countries
- the distribution of the nursing workforce across different settings
- the distribution of the nursing workforce across different specialties
- the distribution of the nursing workforce across different levels of qualification

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from outside Europe comes on top of new immigration rules affecting non-Europeans already in the UK. The combination of these decisions is likely to increase demand for European nurses.

Secure staffing is perhaps the most important issue facing the profession, yet a lack of investment in the supply of nursing numbers, as well as underfunded training and remuneration, means a workforce in crisis.

Of course the growth in agency staffing is not just affected by workforce demand. Many nursing staff are actively choosing agency working in search of flexible working hours and to maximise their earning potential. This points to a vital need for the NHS and other health and care providers to both recruit and retain nursing staff, yet the workforce is overwhelmingly experiencing understaffing, rising workloads and pay restraint. Analysis of median annual earnings in the NHS shows that qualified nursing staff have suffered between 6.3 per cent and 10.5 per cent real terms pay reduction since 2011, while health care assistants and nursing auxiliaries have seen a cut of just over eight per cent over the same period.

Among all nurses and nursing auxiliaries/assistants working full time in the economy across the NHS and in other health care settings there has been a cumulative real terms drop of 9.6 and 9.2 per cent in median weekly earnings between 2008 and 2014. Among part-time nurses and nursing auxiliaries/assistants, earnings have fallen by 6.2 per cent and 7.1 per cent over the same period.

The challenges faced by the health and social care sector are well understood: rising demand coupled with squeezed budgets. The plans being formulated to cope with these challenges include the integration of health and social care, the expansion of seven day services, moving care from acute to community settings and improved health prevention. These all require a future nursing workforce with the skills to work across primary care, community care and acute health settings as well as the skills necessary to work in multidisciplinary settings. In short, tomorrow's challenges will not be met without taking care of the nursing workforce today.

## 2. The UK nursing workforce





### Figure 5: Proportion of female nurses, female nursing auxiliaries/assistants and all female UK employees working part time (2004-2014)

Source: Analysis of the Labour Force Survey 2004- 2014

Figure 5 looks at part-time working in more detail though analysis of the incidence among female employees only, due to the high proportion of women in the health care workforce (around 90 per cent of nurses and 80 per cent of nursing auxiliaries and assistants are female).

Part-time working is higher among the female workforce than in the workforce as a whole. Two fifths (42 per cent) of all women reported working part time in 2014 compared to 26 per cent of all men and women.

Figure 5 shows a similar, downward trend in part-time working among the female nursing workforce between 2004 and 2013 with an increase in 2014. In 2004, two fifths (42 per cent) of nurses reported working part time compared to 30 per cent in 2013, rising to a third (34 per cent) in 2014. Among nursing auxiliaries and assistants, just under half (47 per cent) worked part time in 2004 falling to 40 per cent 2013 before rising to 45 per cent in 2014.

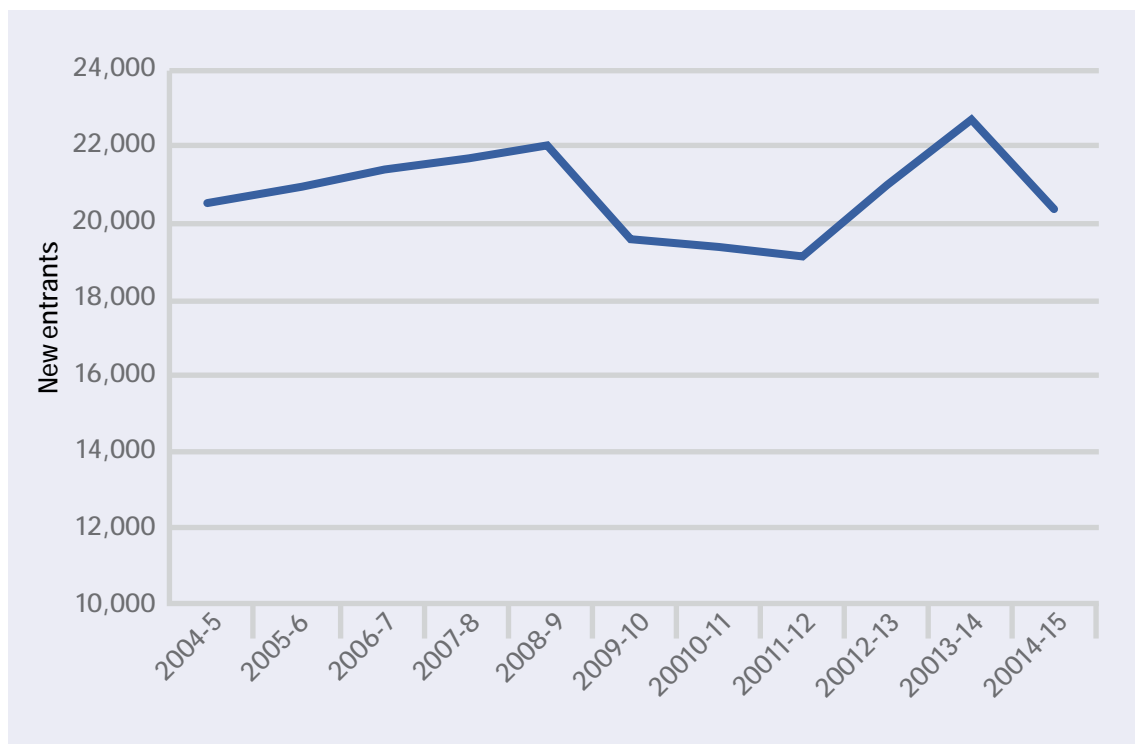
Since 2008, the UK economy has seen a general trend of a shift in employment towards increased part-time work as well as self-employment. Much of the growth in part-time work has been in the service sector, particularly in the retail and leisure sectors. The increase in part-time work has been driven by a combination of factors, including the need for flexible working arrangements, the desire for better work-life balance, and the need for employers to reduce costs.



### 3. Nursing and Midwifery Council registrants

Section 3 examines Nursing and Midwifery Council (NMC) registrant data. As of March 2014, there were 680,858 nurses and midwives on the register, an increase of 7,291 (1.1 per cent) since 2013.<sup>8</sup> All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council register. However, this does not necessarily mean they are working as a nurse or midwife.

**Figure 6: Number of new entrants to the UK nursing register from UK sources (2004/5 to 2014/15)**



Source: Nursing and Midwifery Council, obtained under Freedom of Information

Figure 6 shows the trend in numbers of new nurses entering the labour market from UK training between 2004/5 and 2014/15. It shows that 2014/15 figures have returned to those seen in 2004/5 following a rocky 10-year fall in numbers followed by a small recovery.

**Figure 7: Number of new entrants to the UK nursing register from non-EU and EU sources (2004/5 to 2014/15)**

Source: Nursing and Midwifery Council, obtained under Freedom of Information

Figure 7 shows the pattern of annual registration

**Figure 8: International and UK sources as percentage of total new admissions to the UK nursing register: initial registrations (2004/5 – 2014/5)**



Source: Nursing and Midwifery Council, obtained under Freedom of Information

Figure 8 shows the balance between new entrants from UK and international sources. Admissions of international nurses declined steadily between 2004/5 and 2008/9, falling from 38 to 11 per cent of all new nurses on the UK register. Since then, figures steadily increased to 28 per cent.

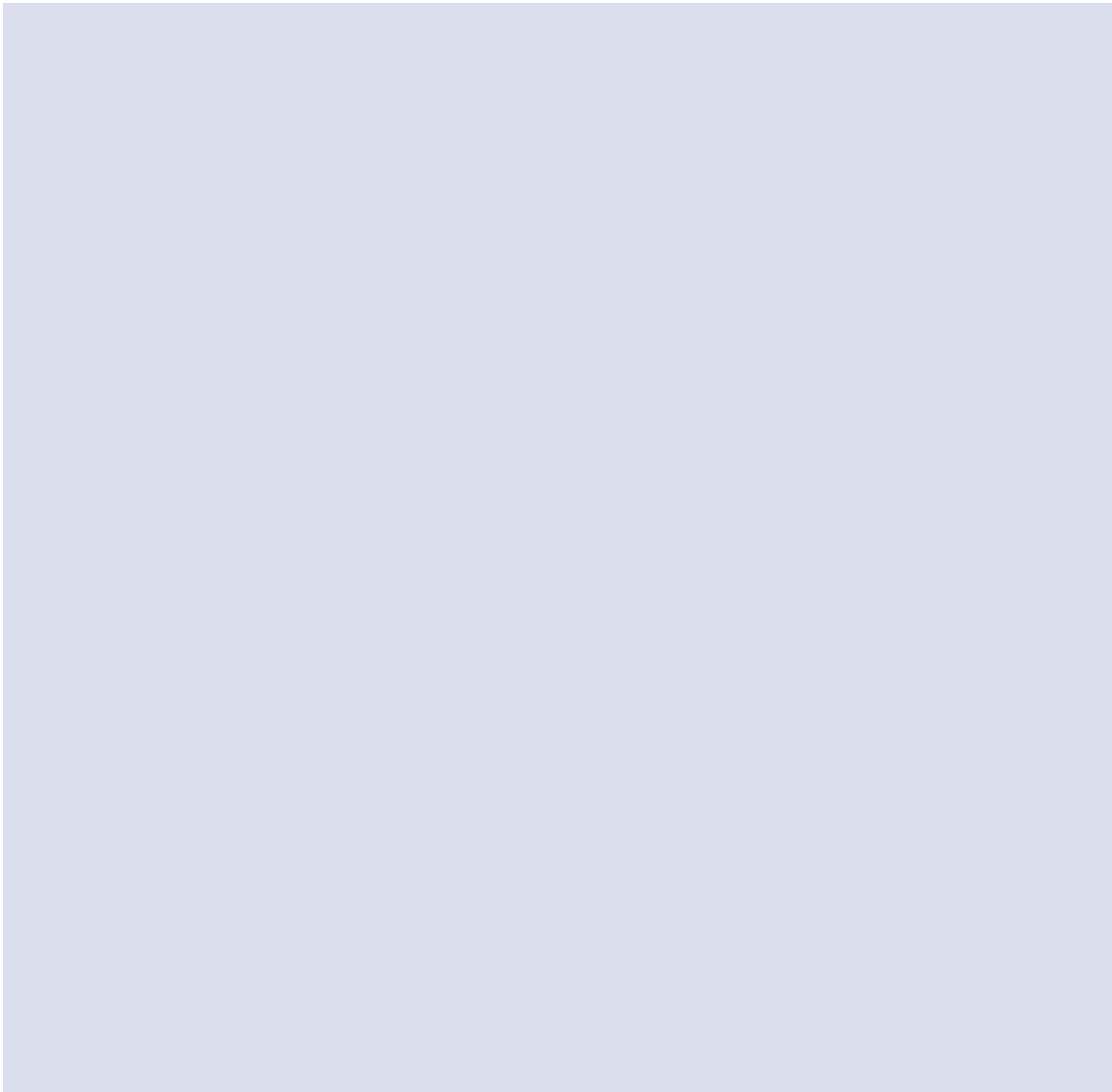
**Figure 9: Inflow and outflow of nurses and midwives from the UK (2004/5 – 2014/5)**

Source: Nursing and Midwifery Council, obtained under Freedom of Information

The NMC records verifications issued to other countries which gives an indication of the outflow of registered nurses compared to inflow from new registrants with Figure 9 showing that the inflow has stood above outflow since 2013/14.

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## 4. 1 NEngland nursing workforce

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Figure 10: Qualified nursing and midwifery staff (FTE); health care/nursing assistants (2004-2014) Index change: 2004 =100

Figure 11: **England, monthly staffing, qualified nursing, midwifery and health visiting (FTE) May 2010-February 2015**

Source: Health and Social Care Information Centre

Figure 11 shows the trend in the qualified nursing and midwifery workforce in more depth, displaying monthly staffing figures. This shows an overall upward trend from May 2010, masking month-on-month falls and recoveries in the number of nursing staff employed, reaching a ten-year low of

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**Table 3: England, qualified nursing, midwifery and health visiting staff (FTE) by work area (2010-2014)**





**Figure 14: England, qualified nursing workforce (FTE), community nursing services, health visitors and district nurses (2004-2014) Index change: 2004=100**

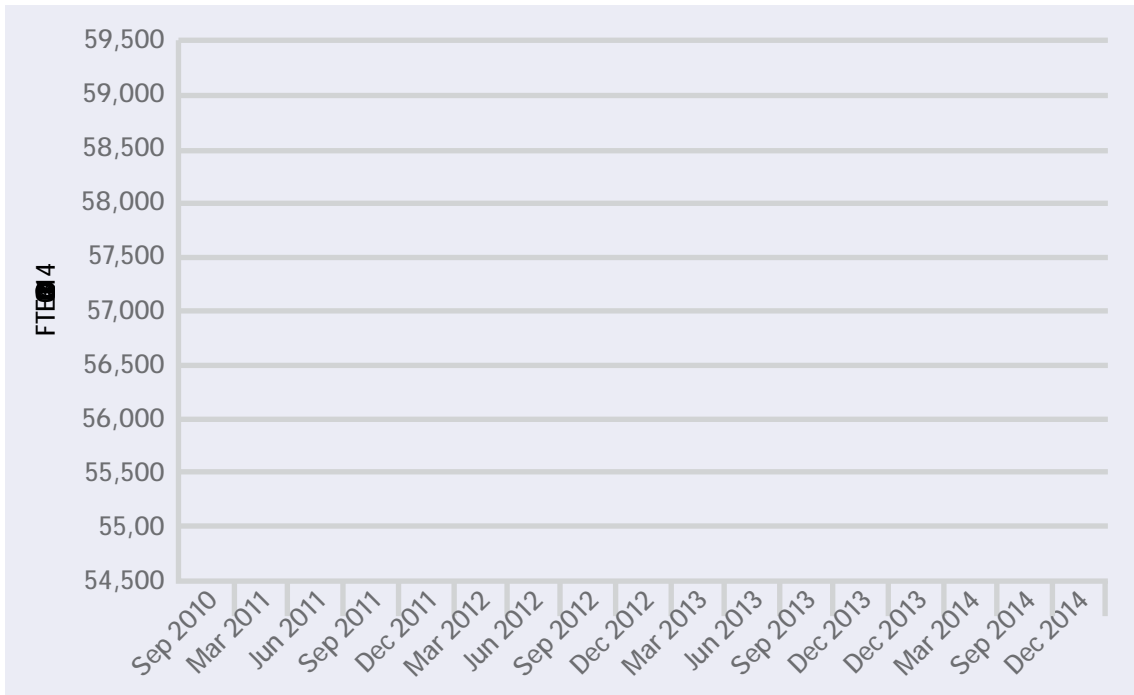
Source: Health and Social Care Information Centre

Figure 14 looks in greater depth at community services between 2004 and 2014. The nursing workforce (FTE) grew by around 12 per cent over the 10-year period. However, further analysis shows the difference in the 10-year period is × 1 to 1.12 over the 10-year period. The community nursing workforce (FTE) grew by around 12 per cent over the 10-year period. However, further analysis shows the difference in the 10-year period is × 1 to 1.12 over the 10-year period.





Figure 17: Trend in nursing and midwifery staff in post in NISland from 2010 to 2014



Source to follow

### 4. 3 NISin Wales

Figure 18: Wales, qualified nursing and midwifery staff and nursing support staff (FTE), 2004-2014. Index change 2004=100

Figure 18 shows that the number of qualified nursing and midwifery staff has risen gradually from by froms fromfr

**Figure 19: Qualified nursing workforce (FTE) community nursing services, health visitors and district nurses (2004-2014) Index change: 2004 = 100**

Source: StatsWales. Nursing staff by area of work and year 2004-2014

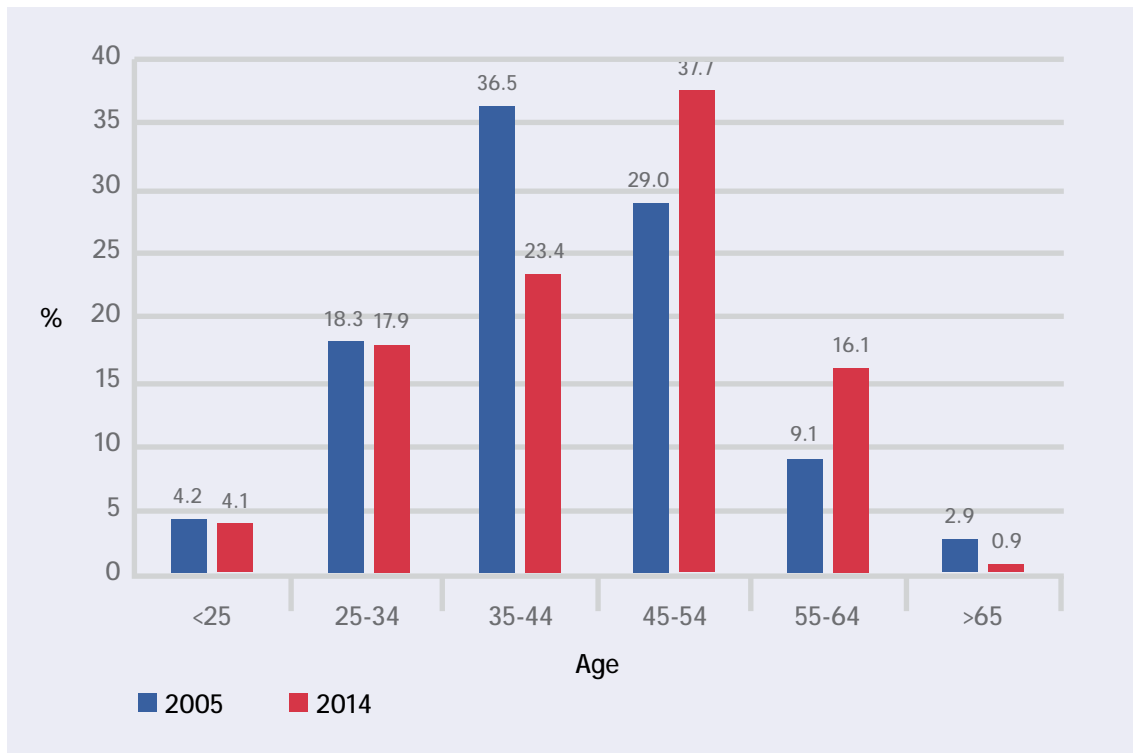
Figure 19 shows a similar picture to England in relation to the trend in qualified nursing staff working in community psychiatry, community learning disabilities and community services; overall numbers (FTE) working in community nursing services rose from 4,344 in 2004 to 5,4

A workforce in crisis?





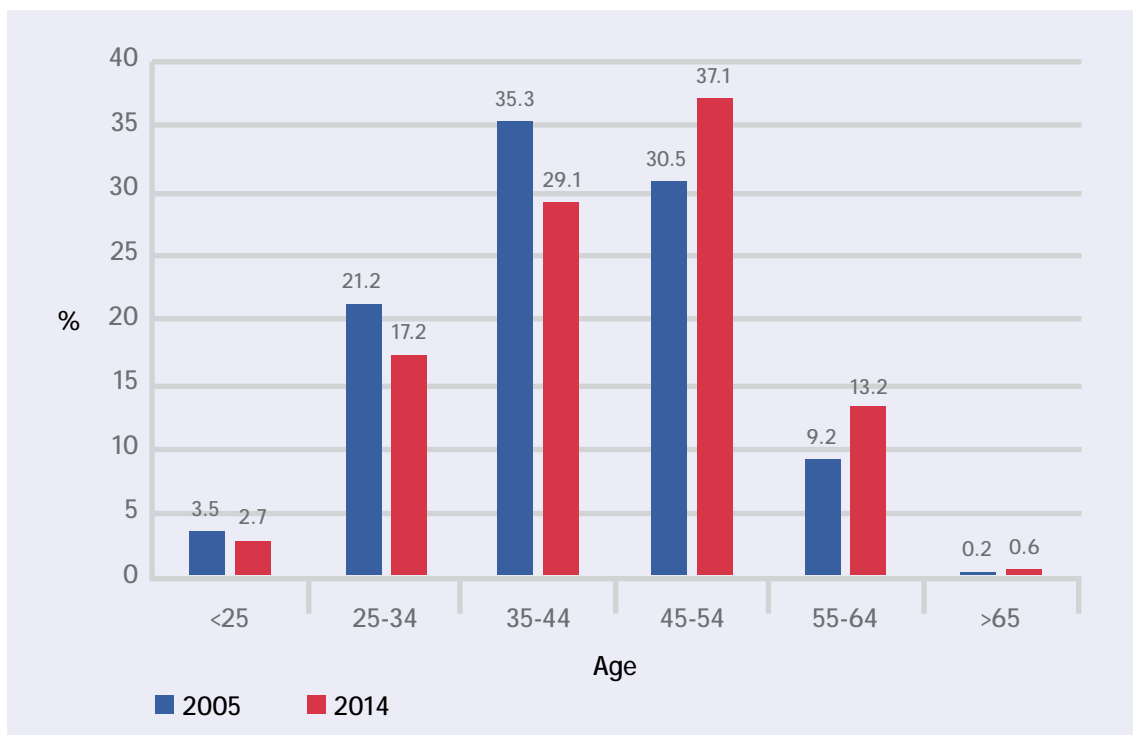
**Figure 22: Scotland, nursing and midwifery staff, September 2005 and 2014 (headcount)**



Source: Information Services Division, Scotland

Figure 22 shows a similar age profile in the nursing workforce in Scotland to that in England. Two fifths (41 per cent) of the nursing and midwifery workforce was aged over 45 in 2005, compared to over half (55 per cent) in 2014.

**Figure 23: Wales, registered nurses by age, 2007 and 2013 (headcount)**



Source: iViewWorkforce, NHS Wales

Using available data from 2007 and 2013, Figure 23 also shows that the age profile of the nursing



**Figure 26: Real terms annual change for median weekly earnings (full-time employees)**

**Figure 27: Real terms annual change for median weekly earnings (part-time employees)**

Figure 26 looks at annual changes in median weekly earnings since the recession, adjusting for RPI inflation. The figure shows that since 2008, real terms median weekly earnings growth has been below zero for all full-time employees in the UK economy. Among full-time nurses, there has been a cumulative real terms fall in weekly earnings of 9.6 per cent and a 9.2 per cent cumulative real terms drop for nursing auxiliaries and assistants.

Figure 27 shows real terms median weekly earnings growth for part-time workers between 2008 and 2014. Part-time nursing auxiliaries and assistants have experienced a cumulative real terms fall in earnings of 6.2 per cent, while part-time nurses have experienced a cumulative real terms fall in earnings of 2 per cent.

## 5.2 Earnings

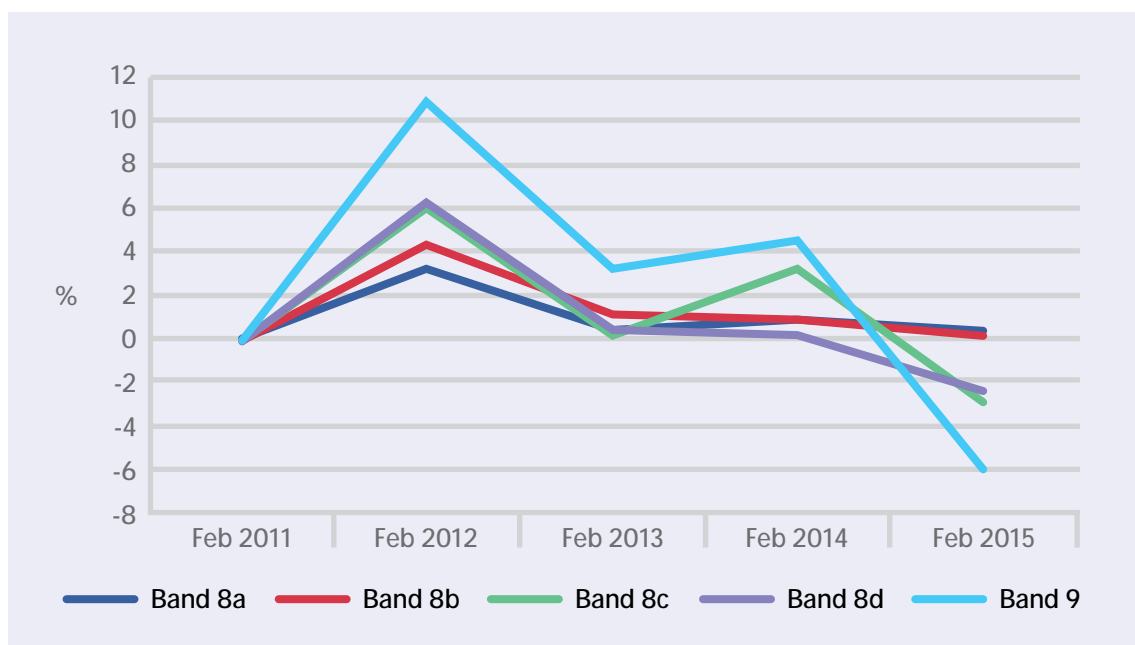
The data presented below show trends in median earnings for qualified nursing, midwifery and health

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Figure 29 below shows that nominal earnings growth for nursing staff in higher bands was slightly stronger:

- Band 8a: 4.9 per cent
- Band 8b: 6.6 per cent
- Band 8c: 6.2 per cent
- Band 8d: 4 per cent
- Band 9: 12.1 per cent

**Figure 29: Nominal annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 8 and 9, England (2011-2015)**



Figures 30 and 31 shows the change in median annual earnings between 2011 and 2015, showing that taking into account RPI inflation, qualified nursing, midwifery and health visiting staff all suffered a cumulative, real terms drop in earnings of:

- Band 5: -10.3 per cent
- Band 6: -9.9 per cent
- Band 7: -10.5 per cent
- Band 8a: -9.1 per cent
- Band 8b: -7.4 per cent
- Band 8c: -7.6 per cent
- Band 8d: -9.7 per cent
- Band 9: -6.3 per cent

All charts show median annual earnings trend figures obtained from the Health and Social Care Information Centre, with growth adjusted for both RPI and CPI inflation. RPI is the preferred index for wage negotiators as it includes housing costs, unlike the CPI measure.

**Figure 30: Real terms (CPI and RPI) annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 5-7, England (2011-2015)**



**Figure 31: Real terms (CPI and RPI) annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 8a, 8b and 8c, England (2011-2015)**



Figure 32: Real terms (CPI and RPI) annual change in median annual earnings: qualified nursing, midwifery and health visiting staff Agenda for Change bands 8d and 9, England (2011-2015)

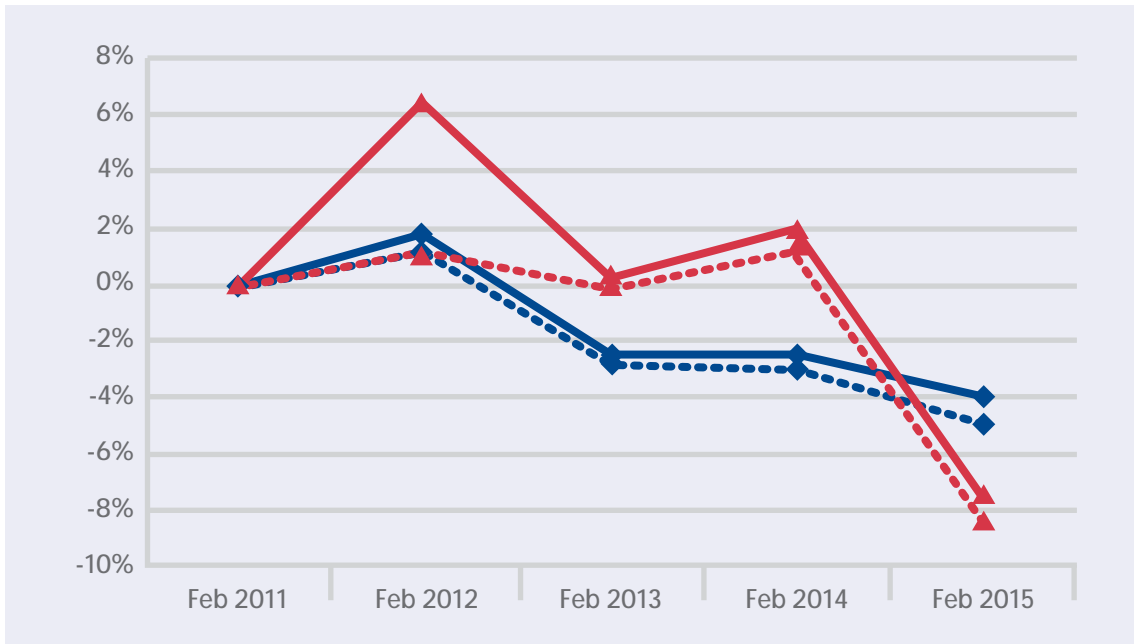


Figure 33: Nominal annual change in median annual earnings: Nursing assistants/ auxiliaries and health care assistants, England (2011-2015)



Figure 33 shows that in nominal terms, median annual earnings rose by 5.5 per cent and 5.7 per cent for nursing assistants/auxiliaries and for health care assistants respectively between 2011 and 2015.

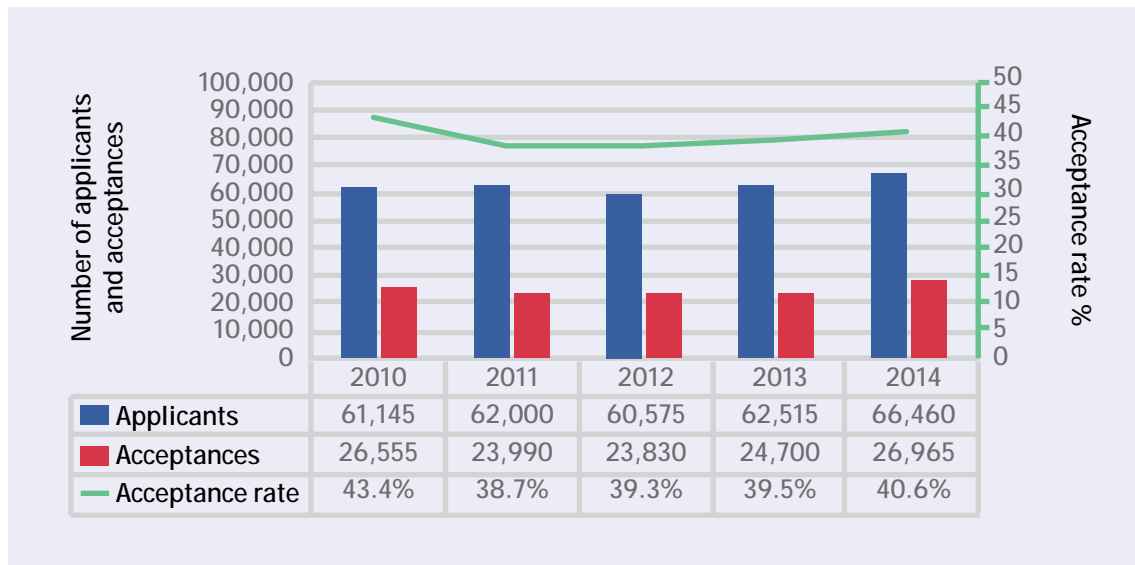
**Figure 34: Real terms (CPI and RPI) annual change in median annual earnings: Nursing assistants/auxiliaries and health care assistants, England (2011-2015)**

Between 2011 and 2015, nursing assistants/auxiliaries in England suffered a cumulative, real terms drop of 8.4 per cent while health care assistants experienced a cumulative real terms increase of 1.1 per cent.

## 6. Nurse education

This section looks at data and trends regarding the number of commissioned student places as well as demand for and

**Figure 36: Applicants for entry to nursing courses at higher education institutions in the UK (2010-14)**

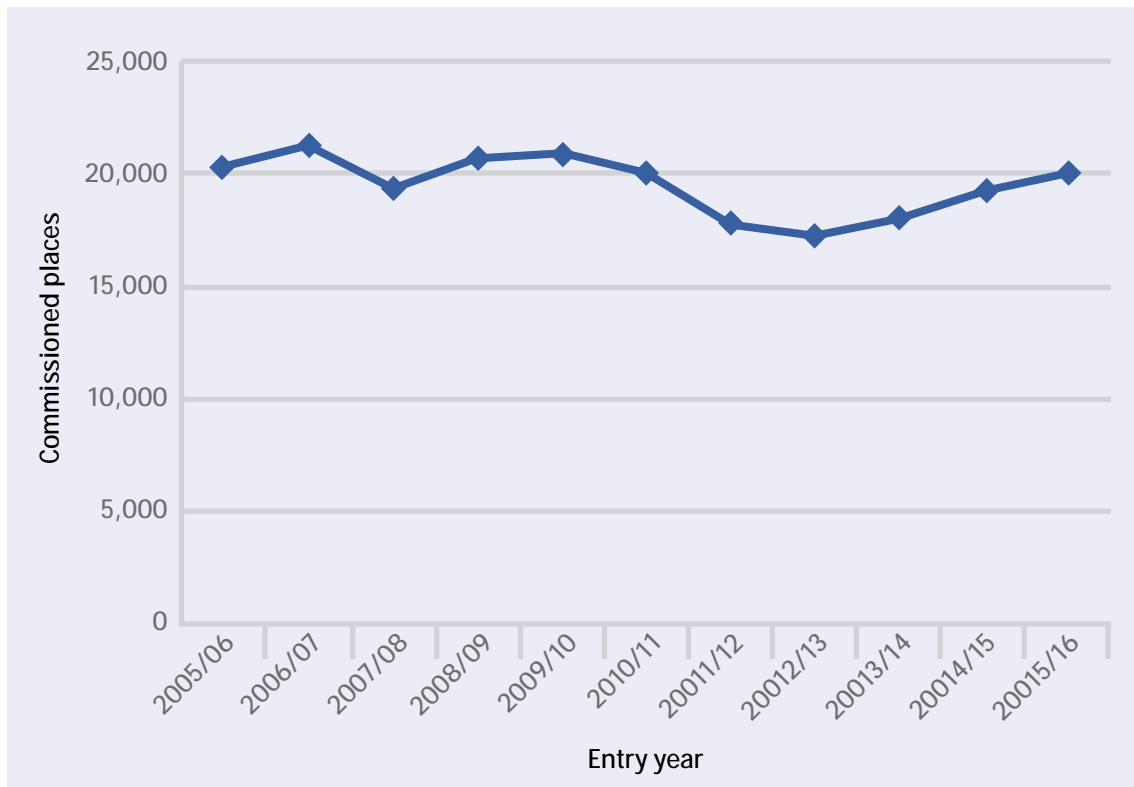


Source: UCAS Annual reference tables

Figure 35 looks at the number of applications and acceptances to all courses in UK higher education institutions between 2010 and 2014 and the relationship between the two figures, with the acceptance rate reaching 73 per cent in 2014.

Figure 36 looks at the number of applicants and acceptances for nursing courses between 2010 and 2014 and shows that the total number of applicants rose by 85 per cent while the number of acceptances rose by 26 per cent over the period. The acceptance rate has remained stable at around 40 per cent through this period.

Figure 37: England, number of nursing places commissioned (2005/6 to 2015/16)



Sources: Parliamentary Question 29 November 2013 [179089] [www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm](http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131129/text/131129w0002.htm)

Health Education England Draft Workforce Plan for England <http://hee.nhs.uk/wp-content/uploads/sites/321/2013/12/Workforce-plan-interactive1.pdf>

Figure 37 shows that the numbers of student places commissioned in England have begun to rise again, after falling to 17,219 in 2012/13. There are 20,003 planned places for 2015/16 compared to 22,815 in 2003/4.

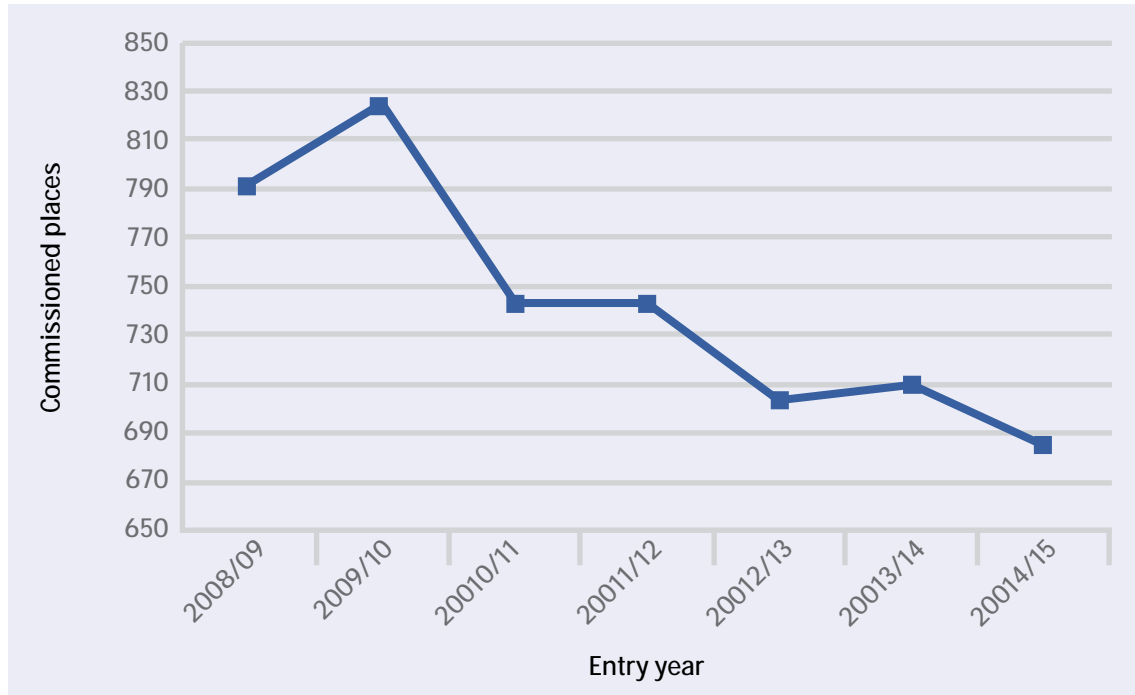
**Figure 38: Scotland, nursing and midwifery student intakes (2003/04 to 2012/13)**

Source: Information Services Division, Scotland

Figure 38 shows a fall of 27 per cent in student intake places in Scotland between 2004/5 and 2012/13, dropping from 3,698 to 2,713. At commissioned universities there was a 21 per cent drop in places between 2010/11 and 2012/13 from 3,060 to 2,430. Places have begun to gradually rise again since 2013/14. In 2014/15 2,698 places were planned. 2,713

Figure 39 shows a fall of 35 per cent in commissioned places between 2003/4 and 2012/13 in Wales, dropping from 1,405 to 919. In 2015/16, there are 1,283 places planned, representing a 22 per cent increase from 2014/15.

**Figure 40: Northern Ireland, number of nursing places commissioned, 2008/9 to 2014/15**



Source: A Workforce Plan for Nursing and Midwifery in Northern Ireland (2015-2025) [www.nipec.hscni.net/workforceplan\\_NOTES.aspx](http://www.nipec.hscni.net/workforceplan_NOTES.aspx)

Figure 40 shows a fall of 20 per cent in the number of commissioned places in Northern Ireland between 2008/9 and 2014/15, dropping from 792 to 685. There is no planned increase to training places available in 2015/16.

